

DEPARTMENT NAME

DEPARTMENT ADDRESS

LAST NAME

CONTACT PERSON

MARICOPA COUNTY

RISK MANAGEMENT DEPARTMENT

222 NORTH CENTRAL AVENUE, SUITE 1110, PHOENIX, AZ 85004 PHONE (602) 506-2298 FAX (602) 506-5939

PROPERTY LOSS NOTICE

FIRST NAME

Agcy No.

Org No.

Dept Phone

Zip Code

Contact Phone

Doore	RTY ADDRESS				Zip Code	Business Ph	ono
PROPER	RIY ADDRESS				Zip Code	Dusiness Fi	one
Μαι Δ	DDRESS, IF DIFFERENT						
WALE ADDICEOU, II DITTERENT							
LOSS							
DATE & TIME OF LOSS Location if different from property address Police to whom reported (theft)							
DATE	□ AM				address	T office to whom repor	tea (trieft)
□ PM □							
KIND OF LOSS (FIRE, WIND, EXPLOSION, ETC.)				Probable	amount of Entire Los	s Police Report No.	
Decerio	tion of Long 9 Domone				<u>\$</u>		
Description of Loss & Damage							
PROPERTY DESCRIPTION							
İTEM	Description of Property		MO & YR Purchased	Replacemen	nt Costs	Comments	
1				\$			
2				\$			
3				\$			
4				\$			
5				\$			
6				\$			
MISCELLANEOUS							
REMARKS (if emergency handling required or if subrogation possibilities, explain)							
DATE REPORTED BY: NAME AND TITLE NAME OF SUPV., MGR., OR DIRECTOR							
DA	REPC	REPORTED BY: NAME AND TITLE			NAME OF S	oupv., MGR., OR DIRECTOR	
·						MCET-602-1	4/13/99